MEDICAL SOCIAL SERVICE IN THE HOSPITAL*

By MARGUERITE A. WALES, San Francisco
From the Social Service Department of Stanford University Hospital

"If there had never been any medical social work in your hospital, just where would you begin to develop such a department?" This was the question recently put by a student who was planning to go back to Australia to introduce social service work in a large city institution.

In a work as comparatively new as medical social service, most of us are organizing or reorganizing as the work develops, but many of us have come into the work in institutions where something under the name "social service" has been going on for some time. To answer this question, it will be necessary to put aside the particular problem of your special department, and to fancy yourself in the place of this student, on board a steamer bound for Australia or some port where "hospital social service" is unknown. You are to think out a plan that will work—a plan for a large city hospital with crowded clinics; an enthusiastic board of directors, eager to work but not knowing how to begin; an appropriation for salaries, but no staff selected; a progressive medical staff, interested but uninformed. Will the idea work? Will it pay? Of what value will it be to them?

First, it will be necessary to survey the field of work.

1. *The Hospital*—How are admissions handled? Does a trained worker interview patients, noting their needs and determining their social status or does an unskilled and possibly unsympathetic individual pass or reject patients according to his superficial judgment?

2. *The School of Nursing*—Are student nurses given an opportunity for training in social or public health work? There is a growing demand for nurses with social and public health training to fill positions in this interesting field—so varied and so full of promise. The social service department offers the only place for nurses to get even a glimpse of this great public movement.

3. *The Medical Staff*—What special clinics are they conducting—babies, children's, prenatal, tubercular, luetic? How are they checking up their progress? Are the clinics growing? And, the greatest test, are the old patients returning? Are they achieving the best possible results? Do old conditions recur?

4. *The Patient*—How much consideration is given the family problem; the home complications of caring for children while the mother is in the hospital; the after-care of weak patients; does treatment cease with discharge from the hospital?

5. *Community Resources*—Relief agencies, how efficient and how co-operative are they? Do the school nurses use the clinics as they should? Is there a visiting nurse association? Do they care for patients needing outside nursing care? What are the local facilities for convalescence? Homes for children? For adults? What aid is given the handicapped? Is there a workshop for rehabilitation? The employment problem for the handicapped—is there a clearing house and placement bureau for those needing change of work?

While surveying the new field, the worker must bear in mind the importance of choosing the right policy at the start and of avoiding pitfalls. On the one hand, there is danger of having the department stand out in the minds of the medical staff and the hospital authorities as primarily "relief work" and the giving of free medicine. In the recent analysis of hospital social service departments in New York City, the recommendation is made that only emergency relief be given, all long-continued cases being referred to outside agencies established for that particular purpose. On the other hand, the department may be in danger of being swallowed up in hospital administration, becoming the financial investigating bureau to protect private practice. In the above-mentioned analysis of the 40 departments studied, 24 had no responsibility for this investigation, 4 occasionally, 4 decided all fees, and 8 investigated specified classes. In the recommendation of the social service section of the associated out-patient clinics of New York, we find: "Financial investigation of patients as to ability to pay the hospital or clinic is not the function of social service," although all agree that there should be close co-operation between social service and hospital administration. At the annual meeting of the American Hospital Association, too, we find this investigation for financial rating allowed only under the head of "temporary function" for the social service department.

What then shall be the "permanent function" of such a department? Plainly its immediate function should be to supplement medical treatment—to help restore patients to health. But beyond that its larger and more lasting effort should be in the field of prevention—to study the social causes of health and behavior, and to co-operate in the education of students of social work, and of the public, in general hygiene and matters of health. For "Prevention" is one of the slogans of the modern medical man, and many of the more progressive members of the profession have already found the social service worker an important member of their team in the drive for better health. Dr. Yarros says: "All of us of long experience among the poor in their homes are absolutely convinced that social service is most needed if we are to do first class medical work, not only curative but preventive." Chapin speaks of the folly of giving medicine without knowing the living conditions and intelligence of the parents. Every physician who works in a clinic will see his point, remembering some foreign mother who has reported giving internally medicine that was prescribed for inhalation, or external application.

With this ideal in mind—to make the physician's work, both preventive and curative, as effective as can be—the question that next presents itself is, Where to begin? Where shall the first wedge be inserted? The best avenue of approach would seem to be through one of the special clin-

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ics—the children's clinic, maternity and prenatal clinic, or the tuberculosis, or luetic clinic—as the home conditions and family relations of any one of these groups of patients have such a direct bearing on the treatment of the patient.

Probably the clinic where social service work shows the most immediate results is the children's. Here a nutrition class may be started, and the results of the social service worker's efforts definitely checked by the weight charts. While the physician is studying the medical defects causing malnutrition, the social worker can study the social conditions that contribute, and many are the reports of their splendid achievements through cooperation. Mothers as well as children may be invited to attend such classes. Each child has his weight and height entered on a large individual chart, and the charts are displayed on the wall. Then the race begins. The physician gives instruction and advice, to individuals and to groups at these weekly class meetings; the loss or gain of each child is recorded on his chart, and for doing specific things a child may be given some award. The results are positive; each one is eager to be in the lead, and poor health is very unpopular. In learning the rules of health play forms an important part, and here the social service worker's opportunities are unlimited.

In the well-baby clinic the social worker has an exceptional opportunity to make the physician's instructions really count. By visiting the home and understanding the mother's problems she can better convince her that the physician's order for a four-hour feeding, for example, will be a help to her as well as the baby. So also it is only by an actual visit, to the home, that she can help the mother plan to give her baby a separate bed in a well-ventilated room.

Similarly in the clinic for tubercular patients, while the physician advises the patient and checks up on his clinical findings, the worker should visit the home to determine whether it is safe to leave a child with a tubercular parent, or whether it should be placed in a foster home. She, too, can help to find for arrested cases, new employment which should be light in character. At St. Luke's Hospital in New York City, social service work began several years ago with one graduate nurse who visited tuberculosis patients in their homes; they now have a large department with fourteen trained social workers.

In the maternity department the visiting nurse or social worker has a field where teamwork with the physician adds much to the service rendered the patient. Here the group method is especially worth while. At the Stanford prenatal clinic, while the patients are waiting for examination, the nurse demonstrates the important points in bathing and caring for a baby with a life-size doll, meanwhile answering their many questions and explaining to them the physician's instructions. Pamphlets and printed instructions amount to mere scraps of paper until the nurse makes them real; it is gratifying to see how enthusiastic the new mothers are about making their preparations after they have actually seen the trays and tables set up in the clinic. As Dr. Yarros has said: "The social service person, knowing the economic conditions in the home of the patient is able to instruct in care and preparations in home confinements, for she knows what she is dealing with."

Any one who knows the difficulties of keeping the patients of a luetic clinic from drifting away after three or four treatments can readily see how necessary it is for the physician to have assistance in follow-up work, and it is apparent that the social worker is an important factor in building up the clinic, for it is through contact with the home that she is able to persuade other members of the family to come in for blood examinations and for treatments. Notices and letters will do a great deal in keeping patients faithful in their return for treatments, but the personal interview is indispensable in many cases.

As the social service department progresses, workers should be placed in other clinics where social work would be of value, such as the medical with its opportunity for instruction in cardiac and gastro-intestinal work. The physician's instructions to a cardiac patient would be worthless if the patient were obliged to climb several flights of stairs each day—the social worker can often effect a change to a first floor room. The special work with children with heart diseases which has accomplished remarkable results in some hospitals is credited largely to the social service department for this group of workers has carried the chief responsibility—children are taught to rest between flights of stairs; visits are made to the schools to make special arrangements for the cihldren to have their luncheons in the classroom, or to be allowed to step out of line as the class passes upstairs, and take the grade slowly; follow-up work after tonsilectomies and dental work is carried on; group education with the mothers is conducted by social service workers, regulating the exercise of children and other needs.

With a fairly clear idea of how this social service work should grow in the various clinics, let us consider the personnel that is to carry on the work.

Of course it would be desirable to increase the staff of workers as the work grows, but it is seldom that a hospital is able to keep pace with the work in this way. A small group of well-trained workers, who can be leaders in their particular department, is far more satisfactory than a larger staff of commonplace workers with little vision regarding the possibilities of their work. Workers must be interested in the weekly conferences, must realize that all are there for study as well as to work; they must be willing to keep abreast of the new developments by reading, ready to come together to discuss cases intelligently, and to report on the community situations. They must understand the importance of well-kept case records, and be interested in keeping these up to date.

To supplement the work of the trained worker we find the volunteer a valuable asset. On the outside, medical students act as volunteers in making emergency calls, getting valuable experience in the home, and at the same time proving of great assistance to the department in the care of its patients. In the clinics volunteers may be used in

countless ways. Every wide-awake director must have learned from her experience during the war that there are vast numbers of capable women who, though untrained, became efficient workers during the war, and who now find life dull and lacking in effectiveness unless they are given something to do. In Bellevue Hospital the chief volunteer works eleven months in the year, five afternoons a week, and is a marvelous executive. She has a card index of some sixty-five volunteers and in co-operation with the social service director is responsible for placing these workers in the various clinics and through the hospital. She says that as she interviews the new applicants her two requirements are regularity and common sense. To hold their interest it is only necessary to keep them busy. At the University of California the social worker in the children's clinic is doing a great deal with volunteers, training them to teach health through occupational therapy work. Health lessons are taught by miniature theaters and children help to write the plays.

At Stanford we find a progressive system works out very well. Almost all new workers spend a certain amount of time in the children's clinic. There they weigh and measure children, take temperatures, and write up the preliminary medical history, using a regular printed form which is part of the history. They are given instruction in general hygiene and health habits for children and as they take the histories are able to help the mothers understand why children should not drink tea and coffee, and so forth. They are next given a little experience in the social service office, taking routine histories; later each one assists in some special clinic; each one also gives a little time, when the clinics are not too busy, to distributing books from our circulating library to the patients in the ward, thus becoming familiar with the inside of the hospital and getting an idea of the needs of the patients there.

The volunteers have recently organized and are planning a rummage sale for clinic patients, the money thus raised to be used in developing occupational therapy work. This work will belong especially to the volunteers, and they can watch and take part in its progress, at the same time finding a special place in the hospital life.

From time to time we have conferences with the various medical chiefs of clinics, not only for the social workers, but for the volunteers as well. This helps to solidify the volunteer group and tends to increase interest. In these conferences, and sometimes at staff meetings, we find that the physicians are grasping the idea that social service is more than mere financial investigation, and that the chief aim of the social worker is to make the physician's work with clinic patients count for more than heretofore.

These patients have the same laboratory, X-Ray, and nursing facilities that are accorded to private patients. When a patient is discharged from the hospital, let the social worker ask the physician: If she were a private patient, would you be satisfied to have her go home, where she must wash and cook for half a dozen children? Would you order her to the country? Would you let a patient with a weak heart go back to heavy work? It is the physician's responsibility to order convalescent care, light work, or change of occupation. If the city does not provide facilities for such care, it is the duty of the social worker, and of the social service boards, to educate the public to such needs in the community. The auxiliary boards often form the chief point of contact with those citizens who are able to do most to remedy these lacks in the community. For this reason it is important that, through committee meetings and conferences, the boards be kept informed of the needs of patients, in order that they in turn may keep alive the interest of the men and women outside the hospital field who can help improve existing conditions.

(Stanford University Hospital.)

Monthly Reports of County Secretaries to State Secretary—For two years the State Society has had in use a blank form for monthly reports of county secretaries to the State secretary and the editor of the Journal. This report was introduced by authority of the House of Delegates. It indicates the type of data that is needed in the central office, and particularly by the Journal for the preparation of county society and other county news items, which should be published every month in the Journal from every county in the State. By the end of last year, after much effort, the co-operation of nearly all the county secretaries had been secured, and these reports were being furnished quite regularly. With the advent of the new year, many secretaries were changed by election, and new county administrative officers must again be impressed with the importance of these reports, not so much to the State Society as to the individual counties themselves.

This situation furnishes a striking illustration of the difficulties inherent in State-wide organizations, where the administrative officers of the various units are subject to annual election.

Some Public Health Plans of the National Government—The plan for reorganization of the Federal executive departments was submitted to Congress by the President on February 15, though no bill was introduced and no action taken. The principal matter of interest to physicians is, of course, the proposed new Department of Education and Welfare.

Existing bureaus which would be transferred to this Department of Education and Welfare are as follows:

(a) From the Department of the Interior: Bureau of Education, Indian Schools, Howard University, St. Elizabeth's Hospital, Freedmen's Hospital and Bureau of Pensions.

(b) From the Department of Labor: Women's Bureau and Children's Bureau.

(c) From the Treasury Department: U. S. Public Health Service.

(d) From the War Department: Soldiers' Home.

(e) From the Department of Justice: Office of Superintendent of Prisons.

(f) Independent establishments: Smithsonian Institution, Federal Board of Vocational Education, National Home for Disabled Volunteer Soldiers, Columbia Institution for the Deaf and the Veterans' Bureau.

The department would have four divisions, namely: Health, Education, Social Service and Veteran Relief, each under an assistant secretary.—Biweekly Summary on National Health Legislation, Legal and Governmental Matters, issued by Washington office of the National Health Council, March 5, 1923